IAP15 Rec'd PCT/PTO 04

Approved for use through 7/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTA	٩L
FORM	

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/516,835	
Filing Date	December 2, 2004	
First Named Inventor	T. Fujii	
Art Unit	3765	
Examiner Name		
Attorney Docket No.	TOR-103US	

ENCLOSURES (Check all that apply)							
Fee Transmittal Forr		Drawing(s) Licensing-related F			After Allowance Communication to TC		
Amendment/Reply After Final Affidavits/Deci Extension of Time R Express Abandonme Information Disclosu Certified Copy of Pri	request ent Request ure Statement fority Document(s) g Parts/	Petition Petition to Convert Provisional Applica Power of Attorney, Change of Corresp Address Terminal Disclaime Request for Refund CD, Number of CD Landscape T	to a Ition Revocation, condence er d		Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): Supplemental Preliminary Amendment (13 pgs), 8 refs, Search Report, SB/08a and SB/08b forms, Return Receipt Postcard, 2038		
Incomplete Applicati Response to f under 37 CFR	Missing Parts	<u>Remarks</u> :					
	SIGNATUR	E OF APPLICANT, ATTO	DRNEY OR AGE	ENT			
Firm Name Signature Printed Name Joshua L. Cohen							
Date August 2,	2006	1	Registration No.	38,0	40		
CERTIFICATE OF TRANSMISSION / MAILING							
I hereby certify that this corresp postage as first class mail in an	I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:						
Signature Soswa L. Colla_							
Typed or Printed Name	Joshua L. Cohen		Ĺ	Date	August 2, 2006		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, ALEXANDRIA, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04v2) (AW 1/2005)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL FOR FY 2005 Application Number Filing Date Desember 2: 2004 Attories Observed Annual Date Desember 2: 2004 The Indiana	Effective on 12/08/04.						Cc	omplete if Kno	own	$\overline{}$
FOR FY 2005 First Named Inventor T. Fuji Examiner Name To Be Assigned Art Unit 3765	Perfees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).		Application Number 10/516		6,835					
Applicant claims small entity status. See 37 CFR 1.27				Filing Date December		iber 2, 2004				
An Unit 3765 TOTAL AMOUNT OF PAYMENT (\$) 200 Attorney Docket No. TOR-103US METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Check Credit Card Money Order 18-0350 Deposit Account Name: RatnerPrestia For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SEARCH FEES SMall Entity Small E	Foi	r FY 2	005		First Named Inventor T. Fujii		ii			
TOTAL AMOUNT OF PAYMENT (\$) 200 Attorney Docket No. TOR-103US	Applicant claims sma	II entity status	See 37 CFR	1.27	Examiner Name To Be		e Assigned			
METHOD OF PAYMENT (check all that apply) □ Check □ Credit Card □ Money Order □ None □ Other (please identify):□□ Deposit Account Deposit Account Number: 18-0350 □ Deposit Account Name: RatnerPrestia For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below indicated be		,			Art Unit 3765					
Check	TOTAL AMOUNT OF P	AYMENT	(\$) 200		Attorney D	ocket No.	TOR-	103US		
Deposit Account Deposit Account Number: 18-0350 Deposit Account Name: RatnerPrestia	METHOD OF PAYME	NT (check all	that apply)							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filting fee	☐ Check ⊠ Credi	t Card 🔲	Money Ord	der 🗌 No	ne 🗌 C	other (plea	se ide	ntify):		
Charge fee(s) indicated below	□ Deposit Account	Deposit A	ccount Num	ber: <u>18-035</u>	5 <u>0</u> [Deposit A	ccoun	t Name: <u>Ra</u>	tnerPrestia	
Charge any additional fee(s) or underpayment of fee(s)	For the above-ide	ntified depo	sit account, t	he Director i	is hereby	authorized	d to: (check all that	t apply)	
Uniter 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTo-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES Small Entity Smal	☐ Charge fee(s) i	ndicated belo	w			Charge fee	(s) indi	icated below, (except for the filin	g fee
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION	,	` '		nent of fee(s)	⊠ (Credit any o	overpa	yments		
Substitution Subs	WARNING: Information on t			redit card inform	nation shoul	d not be incli	uded o	n this form. Pro	vide credit card inform	nation and
FILING FEES Small Entity Small										
Small Entity Smal	1. BASIC FILING, SEA	ARCH, AND E	XAMINATIO	N FEES					·····	
Small Entity Smal		FILING	FFFS	SEARC	H FEES	EXA	MINA	TION FEES		
Utility		—		-						
Design 200 100 100 50 130 65									Fees Paid (\$)	
Plant	1									
Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	_									
Provisional 200 100 0 0 0 0 0 0 0 0										
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Total Claims Total Claims Total Claims Total Claims Extra Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Fee Pai										
Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Total Claims Total Claims Tee (\$) Fee Paid (\$) Multiple Dependent Claims Tee (\$) Fee Paid (\$) Multiple Dependent Claims Tee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Fee (\$) Fee Paid (\$) The part of independent claims paid for, if greater than 3 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Total Sheets Total Sheets Fee Paid (\$) Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Total Sheets Total Sheets Fee Paid (\$) Complete (if applicable)			100	J	·		•	•		
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Total Claims Total Claims Extra Claims Extra Claims Extra Claims Extra Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Fee P		ES								
Each independent claim over 3 (including Reissues) Multiple dependent claims Total C		(including Rei	issues)							
Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 32 - 28 or HP = 4		` •	•	sues)						
Total Claims 32 -28 or HP = 4		•		, , ,						
HP = highest number of total claims paid for, if greater than 20 Indep. Claims 6			<u>iims F</u>	<u>ee (\$) </u>	e Paid (\$)	Multiple [Depend	lent Claims		
Indep. Claims				<u>o</u> = <u>200</u>		<u>Fee (\$)</u>	<u>Fe</u>	e Paid (\$)		
APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) (round up to a whole number) x Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filling surcharge): SUBMITTED BY Complete (if applicable)				ee (\$) <u>Fe</u> e	e Paid (\$)					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets										
the application size fee due is \$250 (\$125 for small entity) for each 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets	3. APPLICATION SIZ	E FEE								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filling surcharge): SUBMITTED BY Fees Paid (\$) Complete (if applicable)	Total Sheets	Total Sheets								
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): SUBMITTED BY Complete (if applicable)										
SUBMITTED BY Complete (if applicable)	Non-English Specification, \$130 fee (no small entity discount)									
locunal Cala		surcharge):								
Signature Registration No. Attorney/Agent) 38,040 Telephone (610) 407-0700	SUBMITTED BY	1 I A	1.					Con	ipiete (if applicable)	
Name (Print/Type) Joshua L Cohen Date August 2, 2006		nacho	Regist	tration No. Attorn	ney/Agent)	38,040		 		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.